

SCREENING CHECKLIST FOR LIEUTENANTS ATTENDING THE BASIC SCHOOL

Last Name:	First Name:	MI:	Last 4 SSN:
<p>Lieutenant: Complete Sections A, B & C by placing your initials in the appropriate answer box.</p>			
<p>A. <u>Physical Qualification.</u> If member fails to meet the prescribed physical standards, notify MCRC OA no less than (30) days prior to TBS report date. Submit Preventative Health Assessment with Health Record.</p>			
1. What is the date of your last full physical?		DATE: (DD MM YY)	
2. Have you taken a Preventative Health Assessment (PHA) every year since your last full physical? Date of last PHA, or do you have Annual Certification of Health?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		DATE: (DD MM YY)	
3. Since your last physical, have you suffered any injuries or illnesses that required medical treatment or therapy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If you received an injury or illness that required medical treatment or therapy, did the treatment or therapy prevent you from physically preparing for TBS in the past six (6) weeks?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are you currently under any doctor's care, or are you currently taking any medication that has been prescribed by a doctor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you have any medical conditions, either currently or in the past, that have not been revealed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you added any tattoos or brandings since completing your last physical?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7a. If yes, have the tattoos or brandings been screened by your OSO, MOI, or other designated officer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Females Only: Do you have a normal, current Pap smear result from your doctor? (If not, update.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Females Only: Do you have any reason to believe you are currently pregnant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Males Only: Do you have any reason to believe your spouse is currently pregnant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10a. If yes, when is she due?		DATE: (DD MM YY)	
11. Do you have all of your medical records to include a complete physical, shot records and medical documentation for all waivers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>B. <u>Legal.</u> Civil or criminal court proceedings must be in final disposition. Lieutenants cannot be on probation and all fines must be paid. Review the statement of understanding on Restrictions of Personal Conduct in the Armed Forces.</p>			
1. Do you have any pending legal action against you (civil or criminal, to include minor infractions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you notified your OSO, MOI or other designated officer of any arrest or conviction, regardless of severity, that you have acquired since commissioning?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you recently divorced, separated or broken-up from a serious relationship, or has there been a recent death of a family member or friend?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Does anyone in your family have any recent or imminent health care, personal care, employment or mental concerns that could disrupt your training at TBS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you have a dependent with special needs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are there any significant financial problems in which you are involved?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Last Name:	First Name:	MI:	Last 4 SSN: XXX XX
7. Are there any other legal issues in which you are involved? (Jury Duty, Subpoena to Testify, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If you are in a relationship with an enlisted member of the Armed Forces of the United States of America, has the OSO, MOI or other designated officer reviewed with you the Marine Corps policy on fraternization per paragraph 1100.4 of the Marine Corps Manual and were you married prior to your commissioning?			<input type="checkbox"/> Yes <input type="checkbox"/> No
C. <u>Other Reasons</u>			
1. Have you consulted the TBS website at https://www.trngcmd.usmc.mil/TBS/default.aspx AND read the checklist of required items?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any circumstances that may prevent you from reporting to TBS on time?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you received a copy of your orders?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have at least 3 copies of your orders and NAVMC 763?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you set up an eMarine account yet? If not, consult the welcome aboard package on the TBS website for further instructions.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered <u>YES</u> to any of the above questions in sections A or B, provide typed explanations on a separate sheet of paper and submit with this screening.			
Section D To be Completed by OSO, MOI OR Other Designated Officer ONLY			
D. <u>Physical Standards.</u> Lieutenants must score a first class or higher on the PFT regardless of age and they must be within Body Composition standards in accordance with MCO 6110.3.			
1. What is the lieutenant's current height, weight and body fat percentage?			Height:
			Weight:
			Body Fat Percentage: %
			DATE: (DD MM YY)
2. What is the officer's most current PFT score?			Pull-ups/ flex arm hang:
			Crunches:
			Run:
			Score:
			DATE: (DD MM YY)
<u>CERTIFICATION.</u> This checklist was answered to the best of the lieutenants's and screening officer's knowledge. This officer IS/ IS NOT qualified to attend TBS.			
SNO's Signature:			Date:
OSO/MOI/BnCO Signature:			Date:
Region:	District:	RS/ OSS:	Unit:
Commissioning Program:			
USNA PLC NROTC MECEP			